

SPACE UTILIZATION PROPOSAL

INSTRUCTIONS: Complete all sections of this form. Include any cost estimates and attach any supplemental information that may assist the committee with evaluation of your proposal. Submit this form to Head, Operations Management Department according to NHCCHASNINST 5910.1B after obtaining an endorsement from your Director. You will be notified if your presence is required at the next scheduled committee meeting.

RESPONSIBLE AGENT: _____ **DATE OF REQUEST:** _____

EXISTING Space(s): (room #) _____

Current use of Space: _____

Director _____ **Department** _____ **Division** _____

REQUESTED Space(s): (room #) _____

Current use of Space: _____

Description of proposed use:

Justification Statement: (Include reasons that existing spaces are inadequate or basis of benefit for new space)

SUPPORT REQUIREMENTS

Safety Officer: (Provisional concurrence)

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No major safety concerns

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See attached report

Information Management: (Equipment & voice/data connectivity requirements, etc.) (Be specific)

Cost Estimate: \$_____ (_____MID)

Facilities Renovation/Repairs: (Describe in detail any required or requested renovations to space)

Cost Estimate: \$_____ (_____OPMAN)

Materiel Management/Equipment Management: (Required equipment procurement/relocation)

Cost Estimate: \$_____ (_____MAT MGMT)

Comptroller: (Unfunded fiscal requirements above OPTAR/budgetary impact)

Cost Estimate: \$_____ (_____COMPTROLLER)

Floor Plan included: ____ yes ____ no (required to support renovations)

Space Utilization Review Committee recommendation (s): ☐ Approved ☐ Disapproved

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More Information Requested

Return to Requestor via responsible Director for additional info

Chair, Space Utilization Review Committee Signature/Date: _____

Commanding Officer Endorsement/Date: _____